

CBT for OCD



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OCD s/s



- Obsession
- Compulsion



CBT..

Main Aim of CBT for OCD –

is to enable the person to become their own therapist and to provide them with the knowledge and tools to continue working towards complete recovery from OCD.

- “Give a man a fish and you feed him for a day. If you teach a man to fish you feed him for a lifetime.”

- Lao Tzu,
the Chinese founder of Taoism.

It is far more beneficial to teach someone how to do something than to do it for them.



2 main components of CBT



- Cognitive Therapy (C) that looks at how we think, and Behaviour Therapy (B) which looks at how this affects what we do.
- e.g. *Cognitive Restructuring, Exposure and Response Prevention*



Obsessions.

Intrusive thoughts..



- Intrusive thought → Causes anxiety
- Normally → slow decrease in anxiety
- OCD → anxiety is maintained or increases because of 'overestimation' of the perceived threat.

- Now, alarming or nonsensical intrusive thoughts occur in everyone and cannot be avoided. CBT is not about learning not to have these thoughts but of (identifying &) modifying the client's thought and behaviour patterns.

- Problem is not with the thoughts but what the client makes of these and how he/she responds to these thoughts.



Obsessions.

the cognitive biases



- Thought-action fusion (magical thinking)
- Responsibility
- Overestimation (give example)
- Belief in being more vulnerable to danger
- Intolerance to uncertainty
- ‘ I have to be in control always’.
- Excessive narrow focus on potential threats and reduced attention to real events.



Compulsions



- These are repetitive behaviours which an individual feels driven to perform.
- Can be overt or covert.
- A compulsive act will (temporarily) relieve the anxiety caused by the obsession.
- Strengthening of the beliefs: *‘ if I had not washed my hands then I would have really fallen sick because of contamination’*.
- Termination of compulsive act does not follow objective criteria



Compulsions

neutralising or safety-seeking behaviours and avoidance



- Mental visualisation or prayer ritual
- Being sure of the accuracy of one's memory
- Avoidance behaviors e.g. not touching door knobs, seats, not being alone with the feared threat or having someone along. Avoidance does not allow disconfirmation of the fear and cycle continues.



assessment



- Enquire about obsessions: frequency, triggers, feared consequence ‘ what is the worst thing which can happen?’
- Emotion felt?
- Enquire about compulsions and avoidance: details, predicted distress and feared outcome of not doing the compulsive behaviour or if a situation is not avoided. (use SUDS).
- motivation for change



Exposure and response prevention



- Premise based on learning theory: obsessions have through conditioning, have become associated with anxiety. Cs & A prevent extinction of this anxiety
- In ERP: person is exposed to stimuli which will provoke the obsession but helped in not using Cs & As. Repetition of this leads to anxiety extinction.
- Distancing : for intrusive thoughts